P23000052138



| (Re | questor's Name) | | | |
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| 10: | y/State/Zip/Phoni | - #\ | | |
| (Cit | y/State/Zip/Priorii | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section | |
|--|---|
| Division of Corporations | |
| BUILDZIE DRYWALL AND FINISHING INC | |
| (Name of Corporati | on) |
| DOCUMENT NUMBER: P23000052138 | |
| The enclosed Resignation of Registered Agent for a Corpora | ation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the | ne following: |
| Travis Crabtree | |
| (Name of Person) | |
| LEGALCORP SOLUTIONS, LLC | |
| (Name of Firm/Company) | |
| 3 Greenway Plaza #1320 | |
| (Address) | |
| Houston, TX 77046 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| LegalCorp Solutions, LLC 888 | 534-3018 |
| (Name of Person) (Area Code | & Daytime Telephone Number) |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sect | ions 607.0503(2), 617.0502(2), 607.1509, | or 617.1509, |
|---|--|---------------------|
| Florida Statutes, the undersigned, | LEGALCORP SOLUTIONS, LLC | |
| Tiorida Statutes, the undersigned, | (Name of Registered Agen | t) |
| hereby resigns as Registered Age | nt for BUILDZIE DRYWALL AND FINISHING | 3 INC |
| neteby resigns as Registered Age | (Name of Corporation) | |
| P23000052138 | | |
| (Document Number, if known) | | |
| A copy of this resignation was ma | ailed to the above listed corporation at its | last known address. |
| The agency is terminated and the this statement is filed. | office discontinued on the 31st day after t | he date on which |
| titis statement is med. | | 202 SF |
| | | 2024 SEP |
| | (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | | HASSE HASSE |
| Travis Crabtree | | 3:53 EFE |
| | (Typed or Printed Name) | ω |
| Member | | |
| | (Capacity) | |

Fee for filing this document:

\$87.50 - Active Corporation\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314